

FEDERAL AID INFORMATION

I. IDENTIFICATION

SAI #s---Attach additional sheets if necessary									OMB Catalog Number ____.____
Agency: Division(s) Receiving/Administering Funds									CUSAS/SAMS # - Division # □□□□□
Federal Public Law No.:						Program Title:			
Administering Federal Agency and Office:									

II. DESCRIPTION

1. Type of Program: <input type="checkbox"/> Formula Grant <input type="checkbox"/> Project Grant <input type="checkbox"/> Contract <input type="checkbox"/> Other (specify): _____															
2. Type of Payment Mechanism: <input type="checkbox"/> "Draw down" as required <input type="checkbox"/> Reimbursement – portion of expenditures <input type="checkbox"/> Regular installment <input type="checkbox"/> Lump sum in advance <input type="checkbox"/> Other (specify): _____															
3. Federal funds are deposited in the following State Treasury Fund(s): Treasury Fund No. _____ Treasury Fund Name _____ Treasury Fund No. _____ Treasury Fund Name _____															
4. Were federal funds appropriated by the General Assembly? FY 2006 <input type="checkbox"/> Yes <input type="checkbox"/> No FY 2007 <input type="checkbox"/> Yes <input type="checkbox"/> No															
5. Under what authority does your agency receive and expend these funds? ILCS: Chapter _____ Section _____															
6. Matching Requirements: State match required? <input type="checkbox"/> Yes <input type="checkbox"/> No State match required to be <input type="checkbox"/> Cash <input type="checkbox"/> In Kind Source of State match: Treasury Fund No. _____ Treasury Fund Name _____ If no local match is indicated, does the program allow use of local funds in lieu of State match? <input type="checkbox"/> Yes <input type="checkbox"/> No <div><div>If Yes, specify:</div><table><tr><td>FY 2006 %</td><td>FY 2007 %</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></div> <div><input type="checkbox"/> Federal % <input type="checkbox"/> State % <input type="checkbox"/> Local %</div>		FY 2006 %	FY 2007 %												
FY 2006 %	FY 2007 %														
7. Indirect Costs: Is your agency operating under a federally approved indirect cost reimbursement plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, will the reimbursement amount be set by: <input type="checkbox"/> an indirect cost rate? <input type="checkbox"/> a cost allocation plan? <input type="checkbox"/> a negotiated lump sum for overhead costs? Estimated indirect costs to be recovered from the federal government: FY 2006 \$ _____ FY 2007 \$ _____															
8. Source of Funds: <input type="checkbox"/> Direct from the federal government <input type="checkbox"/> Indirect; through an intermediary (specify agency): _____															
9. What would be the total cost to the State if federal funds available under this program were discontinued and the State assumed full financial responsibility? FY 2006 \$ _____ FY 2007 \$ _____															
10. Are some of these funds subgranted to other STATE agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, list probable State agency CUSAS/SAMS #'s and amounts: <table><tr><th>Agency</th><th>Amount</th></tr><tr><td>1.</td><td>\$</td></tr><tr><td>2.</td><td>\$</td></tr><tr><td>3.</td><td>\$</td></tr><tr><td>4.</td><td>\$</td></tr><tr><td>5.</td><td>\$</td></tr><tr><td>6.</td><td>\$</td></tr></table>	Agency	Amount	1.	\$	2.	\$	3.	\$	4.	\$	5.	\$	6.	\$	12. Planning and Reporting Requirements: Does the granting agency require a planning document? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the granting agency require other reports? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete items below: a. Evaluation Report <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other b. Financial Report <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other c. Performance Report <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other d. Other (please specify)
Agency	Amount														
1.	\$														
2.	\$														
3.	\$														
4.	\$														
5.	\$														
6.	\$														
11. Are some of these funds subgranted to local governments? <input type="checkbox"/> Yes <input type="checkbox"/> No															

III. FISCAL INFORMATION

PROGRAM FISCAL INFORMATION (in thousands of dollars)	FY 2006	FY 2007
13. Formula Allocation:		
Amount of funds legally available from allocation. (Enter NA if not a formula grant.)		
14. Available Awards:		
A. Amount of federal funds awarded.		
B. Amount of federal funds carried over from previous years.		
C. TOTAL federal funds available for expenditure (A + B).		
15. Federal Fund Expenditures:		
A. Amount of federal funds expended for your agency's activities.		
B. Amount of federal funds subgranted to other state, local, or private agencies.		
C. TOTAL federal funds expended (A + B).		
16. State Expenditures:		
A. Amount of state funds expended as matching requirement.		
B. Other state funds expended for support of program.		
C. TOTAL state funds expended (A + B).		
17. Cash Receipts:		
A. Cash receipts deposited in first trust fund listed in Part II, No. 3, page 1.		
B. Cash receipts deposited in second trust fund listed in Part II, No. 3, page 1.		

IV. PROGRAM INFORMATION

Please provide information on the State programs and services provided with these funds. For example, the Preventive Health Services Block Grant supports programs for hypertension, rape crisis centers, and grants to local health agencies. Area served might be "statewide" or a particular target area such as a city or county. Also provide an estimate of the number of persons/clients served by each program.

State Program Name	Area Served	# of Persons Served
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Survey completed by:	
Name & title:	Phone: (Business & Fax)
Agency and address:	e-mail address:

Comments:
